

**Request for Permanent Custodianship Subsidy  
Temporary Approval**

Date: \_\_\_\_\_

The \_\_\_\_\_ requests custodianship slot for:

(RE/FC/AD Provider)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prospective Custodian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Length of time child has resided with the family: \_\_\_\_\_

Why was adoption not considered as a permanency alternative?

Income of the child (include all income and the source):

\_\_\_\_\_  
Note: Reference Sections 6112C and 6113 in the PPS PPM.

Date Family Assessment Completed: \_\_\_\_\_

(Shall be completed within one year, unless waived by the court. See KSA 59-2132)

Check below if attached:

- Please attach statement from family as to why they wish to pursue Custodianship.
- Attach statement from youth age 14 or over confirming they are in agreement with the plan.

Signature of Case Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**PPS Administration Use Only**

Date Denied: \_\_\_\_\_ Reason denied: \_\_\_\_\_

OR

Date Temp Approved \_\_\_\_\_ Temp Approval Ends: \_\_\_\_\_

PPS Administration PCS Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: PPS Regional DCF Office, Case Management Provider

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